

Location/Activity

Name:

Week #1

Mon.
Tues.
Wed.
Thurs.

Totals

Pay Period Ending:

Date

Time Sheet

Budget #: 658

Training

Hours

Total

Hours

(Breakdown of Hours)

Hours

Coaching

Sat.							
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Totals							
Breakdo Week #	_	ep hours:	,	(Brea	kdown of Ho	ure)	
TTCCK T	Date	Location/Activity	Prep	Travel	Coaching	Training	Total
	Date	Location	Hours	Hours	Hours	Hours	Hours
Sat.			110410	113416	1.153.16		112416
Sun.							

Prep

Hours

Travel

Hours

Breakdown of prep hours:

Signature: Date:

*Time Sheets must be submitted by the Thursday before payday to Cheryl Heldt at cheldt@mt.gov or to OPI Title I, Box 202501, Helena, MT 59620-2501.